

## **Application Data Sheet**

### **Application Information**

Application number::	
Filing Date::	August 25, 2003
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	YES
Number of copies of CRF::	1
Title::	Method for the Preparation of Growth Hormone and Antagonist Thereof Having Lower Levels of Isoform Impurities Thereof
Attorney Docket Number::	161765.00520
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	2
Total Drawing Sheets::	2
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

## **Applicant Information**

Applicant Authority Type:: inventor  
Primary Citizenship Country:: IN  
Status:: Full Capacity  
Given Name:: Anurag  
Middle Name:: S.  
Family Name:: Rathore  
Name Suffix::  
City of Residence:: Thousand Oaks  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 257 Green Lea  
City of mailing address:: Thousand Oaks  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 91361

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Stephen  
Middle Name:: B.  
Family Name:: Lyle  
Name Suffix::  
City of Residence:: Marcellus  
State or Province of Residence:: MI  
Country of Residence:: US  
Street of mailing address:: 13820 Fflowerfield Road  
City of mailing address:: Marcellus

State or Province of mailing address:: MI  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 49067

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: E.  
Family Name:: Steinmeyer  
Name Suffix::  
City of Residence:: Clarkson Valley  
State or Province of Residence:: MO  
Country of Residence:: US  
Street of mailing address:: 1645 Trotting Trail  
City of mailing address:: Clarkson Valley  
State or Province of mailing address:: MO  
Country of mailing address:: US  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name:: I.  
Family Name:: Allen  
Name Suffix::  
City of Residence:: St. Peters  
State or Province of Residence:: MO  
Country of Residence:: US

Street of mailing address:: 5 Lost Dutchman Court  
City of mailing address:: St. Peiers  
State or Province of mailing address:: MO  
Country of mailing address:: US  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name::  
Family Name:: Meyer  
Name Suffix::  
City of Residence:: Ellisville  
State or Province of Residence:: MO  
Country of Residence:: US  
Street of mailing address:: 16251 Castlereas Blvd.  
City of mailing address:: Ellisville  
State or Province of mailing address:: MO  
Country of mailing address:: US  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Denis  
Middle Name:: M.  
Family Name:: Boyle  
Name Suffix::

City of Residence:: Marthasville  
State or Province of Residence:: MO  
Country of Residence:: US  
Street of mailing address:: 19461 Fox Meadow Lane  
City of mailing address:: Marthasville  
State or Province of mailing address:: MO  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 63357

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: J.  
Family Name:: Buckley  
Name Suffix::  
City of Residence:: Ofallon  
State or Province of Residence:: MO  
Country of Residence:: US  
Street of mailing address:: 7325 Watsons Parish Drive  
City of mailing address:: Ofallon  
State or Province of mailing address:: MO  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 63366

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gary  
Middle Name:: V.

Family Name:: Johnson  
Name Suffix::  
City of Residence:: St. Charles  
State or Province of Residence:: MO  
Country of Residence:: US  
Street of mailing address:: 4 Westford Court  
City of mailing address:: St. Charles  
State or Province of mailing address:: MO  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 63304

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/406,553	08/28/02

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

## **Assignee Information**

Assignee name::	Pharmacia Corporation
Street of mailing address::	Global Patent Department P.O. Box 1027
City of mailing address::	St. Louis
State or Province of mailing address::	MO
Country of mailing address::	US
Postal or Zip Code of mailing address::	63006